

CITY OF WILLIAMSBURG Tree Removal Request

Applicant: Please complete sections I and II, sign, date, and return/mail to the Williamsburg Planning Department, 401 Lafayette Street, Williamsburg, Virginia 23185-3617 or fax to (757) 259-8050. Thank you.

I.	Applicant Information Property Owner (Name):
	Address:
	Phone Number: E-Mail Address:
	Tree Removal Contractor:
	Address:
	Phone Number: Fax Number:
II.	Tree Removal Information a. Number of trees to be cut? Size(s)
	b. Type (species) of trees to be cut?
	c. Location:
	(i) Please mark tree to be removed
	d. Reason for removal:
	Diseased Damaged Other
	If other explain:
Signatu	ure of Owner: Date:
	City Use Only
Inspection	on Date: Approved: Denied:
Inspecto	ors Name and Signature:
Tree Ren	noval Permit Number:
City an	proval does not forfeit any tree removal process and requirement that is

City approval does not forfeit any tree removal process and requirement that is required by a Home Owner's Association.